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ABSTRACT

This planning document proposes that services to Vermonters with mental retardation be unified around the community mental retardation service system, in order to provide community placements for residents of the Brandon Training School (BTS) who are under court order for discharge between 1989 and 1993. The Department of Mental Health plans to move BTS residents into community programs and build the capacity of the community system to respond to additional needs for services and support. In order to ensure that no one "falls through the cracks" and that the capacity of the system to respond to crises is maintained, the plan calls for a residual state presence to provide emergency services and necessary diagnosis and treatment services for those Vermonters not yet connected to appropriate community programs. The document contains information on trends in service delivery, the prevalence of mental retardation in the Vermont population, the plan's goals and implementation, fiscal projections for the phase-down of the BTS, Vermont's experience with deinstitutionalization, parental attitudes toward deinstitutionalization, and statistical data on costs and number of residents. A list of 24 related readings is included. (JDD)

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A Proposal For The Unification of Vermont's Mental Retardation Service System

February, 1990
Agency of Human Services
Department of Mental Health
Division of Mental Retardation

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Introduction

The Mental Retardation service delivery system has been undergoing a change for the past decade. New technologies and approaches to treatment have made it possible to serve persons with even the most challenging needs in their homes or in other home like community settings. Virtually all services previously only available at institutional settings such as the Brandon Training School are now being offered by community mental retardation service providers.

At the same time, institutional programs are facing increased pressures. Ever tightening federal regulation of ICF/MR programs have caused costs at the Training School to escalate much faster than any other program option. State law mandates that each resident of the Training School be reviewed every two years to determine their ability to be served in a less restrictive setting. Approximately 85% have received court orders of discharge which specify they should live in community settings. In the early 1980's, the Department negotiated a court sanctioned settlement of these cases that allowed ten (10) years to develop community services for these individuals. The time is now up and Training School residents need to move to community programs between 1990 and 1993.

In response to these needs, the Department of Mental Health is proposing that services to Vermonters with mental retardation be unified around the community mental retardation service system. Based on experience gained from its efforts to enhance local services for Vermonters with a severe and persistent mental illness (regionalization of Vermont State Hospital services), the Department plans to move Training School residents into community programs, and in the process, build the capacity of the community system to respond to additional needs for services and support. Bridge funding will be necessary to start the process and maintain both institutional and community based program capabilities as people move out. However, as the Training School downsizes, institutional funds will be shifted to the community through the State's budget adjustment process.

In order to ensure that no one "falls through the cracks," and that the capacity of the system to appropriately respond to crises is not lost, this plan calls for a residual state presence to provide emergency services, and necessary diagnosis and treatment services for those Vermonters not yet connected to appropriate community programs.

Although the Unification Plan makes a number of very specific assertions and proposals, it is meant as a "working document" and can be modified to accommodate the input of policy makers, providers, advocates, consumers and elected officials.

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PLAN SUMMARY
UNIFICATION OF THE MENTAL RETARDATION
SERVICE DELIVERY SYSTEM

A Unified System is the Right Programmatic Decision

* At present, high quality services are provided in the community to persons as disabled as those presently residing at the Brandon Training School.

* Closing the Brandon Training School will permit all resources and energies to focus on building a community system able to meet the service needs for the 90's.

Maintaining a Two-Track System is Too Costly

* The present two-track system forces a disproportionate share of scarce funding to support a small number of individuals in costly and restrictive settings. 37% of the Mental Retardation budget goes to support 181 institutional clients of the total 1400 clients served.

* Total institutional costs are rising faster than overall community service costs.

* By emphasizing less costly program models, such as family support, supported employment, apartments and developmental homes, the system will be better able to prevent individuals from going into crisis and enable families and communities to care for their own.

We Will Face New Costs to Maintain The Brandon Training School

* Ever increasing federal regulatory requirements for ICF/MR facilities make cost containment impossible.

* Substantial physical plant modifications are required to meet Section 504 requirements for handicap accessibility. Failure to make such modifications will jeopardize federal funding of the program.

Closure Will Result in Long Term Cost Containment

* Before the development of the community MR service system, when Vermont's population was 300,000 to 400,000 persons, Brandon admissions averaged 60 per year. The current costs of Brandon Training School ($80,000 per resident annually) make this alternative impossible.

* Admissions to BTS will jeopardize the waiver and place the State at risk of loosing federal matching funds to support emergency services in the community. Crises can be handled by flexible funding of existing community programs.

Court Orders of Discharge Require Community Placements

* Virtually all BTS residents are under court order for discharge to the community between 1989 and 1993.

* The Medicaid Waiver includes a commitment to eliminate long term care beds by placing residents in the community. We are behind by more than 30 placements. Failure to use the waiver for its intended purpose places continuing federal support at risk for this program, which is now the mainstay of the community mental retardation service system.

* Loss of the waiver would place the State in the position of having to respond to court placement deadlines without FFP to match state funding.

Mental Retardation in Vermont

Background

The past twenty years have witnessed a dramatic change in the system of services to persons with mental retardation in the United States. Prior to 1960, all services to these individuals were provided either in large institutions, or by family members. Many, particularly those with more severe disabilities, were routinely excluded from school and educational services, few received more than basic custodial care.

In the late 1960's and early 1970's public attention was drawn to the conditions of care and treatment persons with mental retardation were receiving in state institutions. Lawsuits were brought against a number of states which forced them to discharge persons to community programs and to improve the lives of those who remained institutionalized.

At the same time, under the federal Medicaid ICF/MR program, states sought to upgrade deficient institutional programs. Total state and federal commitments to mental retardation and developmental disability (MR/DD) services increased from $3.5 billion in 1977 to nearly $11.8 billion in 1988, an inflation adjusted increase of 73%. This cost increase was primarily due to a rapid expansion of community services and a continuation of highly regulated institutional costs in the face of a declining institutional census. The number of persons with mental retardation and developmental disabilities in institutions in the U.S. has declined from 194,650 in 1967 to 89,000 in 1989. As the number of residents in state institutions has declined, and, in response to increasingly stringent federal regulation, the per diem costs of institutional services have risen. For example, between 1984 and 1988 the overall per diem growth in real economic terms was 22%. Five states experienced growth in per diem institutional costs in excess of 50%. It is expected that this trend will continue.

Many states, in response to escalating institutional costs and the need to refocus services to the community, have closed institutional programs. A total of 24 institutions were closed between 1970 and 1987. Closure is in progress at another 20 state run facilities across the country.

Historically, services to Vermonters with mental retardation have not differed significantly from those available in other states. From the time the Brandon Training School was established in 1916 until 1979, services to persons diagnosed as mentally retarded relied heavily on those offered by the Training School.

In Vermont, the conversion of the Brandon Training School to an ICF/MR in the mid 1970's made it possible to upgrade services. Subsequent to that point in time, constitutionally mandated judicial reviews assessing the need for institutionalization fostered a waive of community placements, and the approval of the Medicaid Home and Community Based Waiver supported the development of a comprehensive program of community services. Other services supported by Medicaid such as day treatment, rehabilitation and case management further strengthened the development of community programs. The Medicaid Waiver provides funds to decrease the State's reliance on long term Intermediate Care Facilities for the Mentally Retarded (ICF/MR)

supported by Medicaid, (the Brandon Training School) by providing federal matching funds for two basic purposes. First, to deinstitutionalize residents under court order of discharge to the community and second, to prevent the admission of individuals to the Brandon Training School by supporting appropriate community alternatives. In recent years, in the face of limited state funds, the decision was made to give priority to supporting families and persons with mental retardation in their own communities and to preventing institutionalization, rather than to placing Training School residents in the community.

Population Estimates

Numerous studies have been performed which provide prevalence data on the number of persons in the general population who have mental retardation. Estimates vary depending on the nature of the study, and whether the presence of mental retardation was based on diagnostic or functional criteria.

The following are population estimates provided by different studies or groups:

Source	% of Population
EMC Institute: (Survey of states, literature and national organizations)	3 %
Grossman (1973): American Assoc. on Mental Retardation	2.3 % - 3 %
Bruininks, Rotegard & Lakin (1982)	1 %
President's Committee on Mental Retardation	2.7 %
National Center for Educational Statistics (1982) Reported by the Office of Special Education (% of general school population)	1.8 %
Rutter, Tizard & Whitmore (1970)	1.1 % - 2.1 %

Although it is difficult to combine and extrapolate from those figures, it is generally accepted that 1.5% of the overall population meets the criteria of mental retardation (IQ score less than 70 with concurrent deficits in adaptive behavior), and will need services of varying intensity at some point in their lives.

What Does This Mean?

The population in Vermont is approximately 560,000. The prevalence data reported above suggests that 1.5% of this number, approximately 8,400 persons have mental retardation. The birth rate in Vermont is about 8,000 live births per year. Again, using the percentages reported above, we would expect approximately 120 children to be born each year with mental retardation.

How are these numbers reflected in the services that are being provided? How does our experience stack up against the numbers?

* Surveys conducted by the University of Vermont indicate that at least 60 youths diagnosed as mentally retarded who graduate each year from Special Education classes in Vermont need services including residential, supported employment, day program, case management, etc. These young people can be expected to need services, before and after graduation.

* The Division of Mental Retardation receives requests for adult community services for persons with mental retardation who are in serious need of assistance at a rate of approximately 40 per year. Additional requests are received from family members for support of their infants and children with severe mental retardation and multiple disabilities.

* Approximately 10 children with mental retardation age out of SRS custody and services each year when they reach age 18.

Although some of these numbers are duplicated within each of the categories listed above, experience has shown that we can reasonably expect approximately 80 to 100 new persons to require services of varying degrees and intensity each year. At the present time, the State is initiating support for approximately 20 new individuals each year through the Medicaid waiver program.

Is a Caseload Increase of 80 to 100 Per Year a Realistic Figure?

Yes, in the late 1960's and early 1970's, when the population of the State was much smaller and services to persons with mental retardation were limited to admission to the Brandon Training School, the annual rate of admissions averaged 60 per year. The numbers of individuals with mental retardation presently in need of services in Vermont is consistent with the rate of population growth, and in fact, is relatively small considering the increased attention this group is receiving in special education classes.

Do We Have to Serve All Persons with Mental Retardation?

At the present time, based on the percentages reported above, there may be as many as 8400 Vermonters with retarded development residing in the State. The total number of individuals served through the system of community mental retardation service providers, the Brandon Training School and in nursing homes equals about 1500. Clearly many people with mental retardation go through life without requiring support from the public mental retardation service system. They receive the assistance they need from family, friends, co-workers or teachers. It is equally clear, however, that we have large numbers of persons on waiting lists, indicating that our service system needs to move forward to make additional supports available for increasing numbers of Vermonters with mental retardation.

UNIFICATION OF THE MENTAL RETARDATION
SERVICE DELIVERY SYSTEM:

A Preliminary Proposal

Goal

This plan has three objectives.

* First, to complete the transition of the residents of the Brandon Training School into the community consistent with court orders and longstanding plans of the Department of Mental Health.

* Second, to convert the system of mental retardation services from a two-tier structure, supporting both community and institutional programs, to a unified community-based system.

* Third, to build the capacity of the community-based mental retardation system to respond to the unmet service needs of:

  - Graduates from special education classes
  - Families of severely disabled children who need in-home respite and support
  - Young adults with mental retardation "aging out" of SRS custody
  - Individuals in the community with emergency needs for services
  - Persons with mental retardation who commit offenses

Introduction

Services to persons with mental retardation in Vermont have been undergoing a transition for more than a decade. With the development of a judicial review procedure, the State of Vermont officially began the process of changing the focus of services for persons with retarded development from the large, state-run institution to smaller, home-like settings in the community. The reasons are as follows:

1. Persons with mental retardation who live in small community-based settings learn more and flourish better than those remaining in institutions (see Attachment A).

2. There is no "need" to confine someone in an institution for the purpose of receiving specialized services. All necessary treatment and training services can be obtained in the community, generally at less cost.

3. Federal fiscal and regulatory pressures are requiring ever-increasing costs to maintain Medicaid status for ICF/MR facilities such as the Brandon Training School. Similar services can be and are being provided in community settings for more people with comparable resources (see Figure 1).

Background

Since 1976, it has been the policy of the Division of Mental Retardation to deinstitutionalize the residents of the Brandon Training School. Between 1976 and 1983, discharges from the Training School ranged from 30 to over 60 each year with a total decrease of 245. In the early to mid 1980's the decline of federal funding for the conversion from institutional beds, and the presence of state deficits brought the process to a virtual halt. During the same period the State of Vermont did not look to the Brandon Training School as a viable option for increased services, and new services to new clients were provided primarily in community settings.

New approaches such as intensive in-home family support, supported employment and case management have enabled even the most severely disabled to be served by community service providers. Parents whose disabled children have received special education services in their local schools have not wanted their children to be served in an institutional setting. As a result, no client has been placed at the Training School for strictly programmatic reasons since 1983. Only ten individuals have been admitted since 1985, and all but one have returned to the community. In the years from 1984 to the present, the census at Brandon Training School has declined by 20, from 201 to 181, with this decrease being primarily due to the death of older residents.

At the present time, the Division of Mental Retardation has an annual budget of $30 million supporting services to approximately 1400 Vermonters with retarded development. This budget supports a two track system of services with approximately $17 million funding services for 1200 people in the community and $13 million supporting 181 people in the Brandon Training School. This disparity is not entirely due to a difference in the level of disability of the residents of the Training School, nor to the presence of any specialized services only available at the institution. Rather, it results from the funding structure of the institutional program itself. Brandon Training School costs have risen significantly over the past several years to keep pace with ever increasing federal requirements. We have every reason to expect that this trend will continue (See Figure 2 and Attachment B).

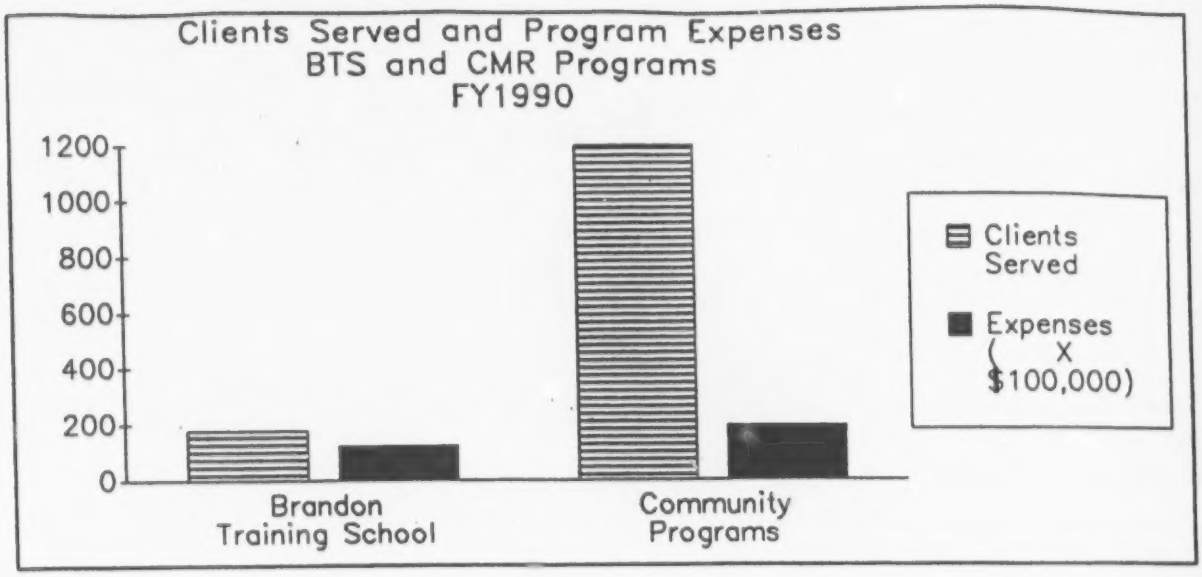


FIGURE 1

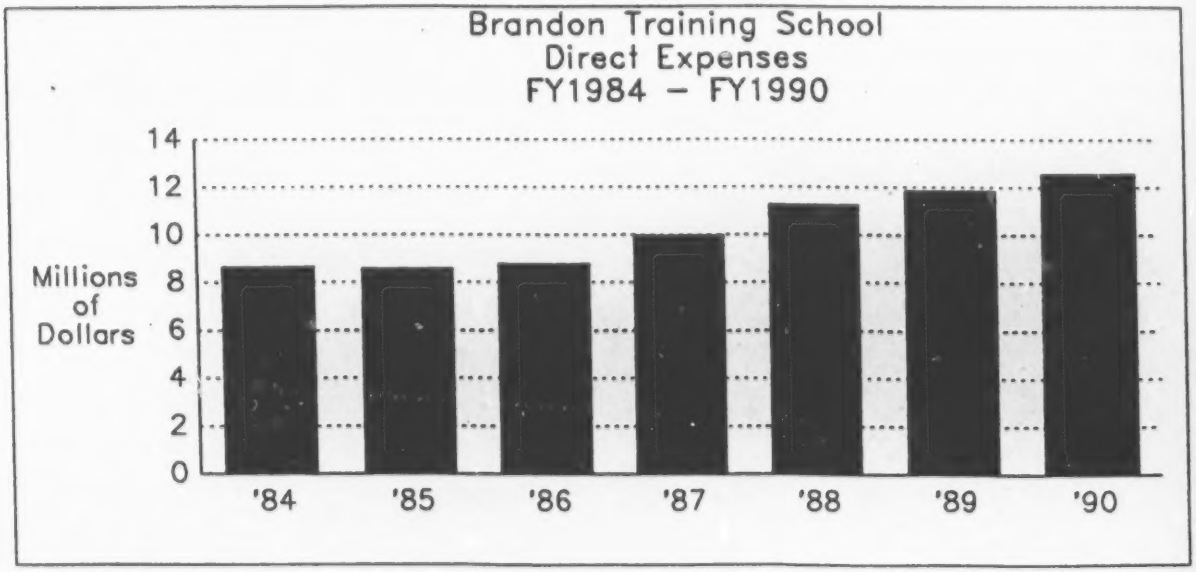


FIGURE 2

From an economic perspective, the long term gradual attrition approach to closing the Brandon Training School adds additional costs because the infrastructure costs of the institution must be maintained even as the population declines.

The State general fund share of the cost of the Brandon Training School is alone not sufficient to finance community development. Without some form of "bridge" funding to support new community services, pending closure and the ultimate institutional cost savings, the State will be held captive to a model of service delivery that is costly, programmatically outdated and does not meet the expressed needs and desires of its citizens.

From a legal perspective, most current residents at the Training School have received an individual judicial determination that they should move to a community program between 1989 and 1993. The Department negotiated a court sanctioned settlement of placement issues for Training School residents that allowed ten years for the development of community placements for individuals who needed them. These ten years are now up and the Department of Mental Health urgently needs to address this situation.

An additional legal issue stems from a complaint filed with the U.S Department of Health and Human Services, Office of Civil Rights, alleging that the Brandon Training School is denying services and training to wheelchair bound residents because of physical barriers (see Attachment C). The costs of renovating the institution to achieve compliance would be considerable.

Plan of Action

This plan to transition residents from the Brandon Training School to community-based programs involves four phases over a period of years. Additional resources, both financial and human, could speed the process. Fewer resources would add time to the proposed scenario. It utilizes experience gained from previous deinstitutionalization efforts at the Training School, as well as from the regionalization of the Vermont State Hospital. The transition plan involves the preparation of existing community services to accept new referrals, the development of residential placements, the strengthening of the capability of the Division of Mental Retardation to monitor, develop and sustain services in the community, and the development of the capacity of the system to provide an effective response to the needs of all persons with mental retardation who appropriately look to the State for services. The number of individuals who will leave the Brandon Training School for years two-four will approximate the annual placement rate between 1976 and 1983: 50 to 60 persons per year.

Residents of the Training School will be placed in one or two person individualized placement alternatives, group homes or existing community ICF/MRs. Consideration will be given to programs for persons with particular needs, such as those individuals with hearing impairments. The expertise that the staff at Brandon Training School have in quality assurance, in-service training and the fabrication of adaptive equipment will be kept by the Department to support services in the community.

As the residents leave the Training School, the Division will change its programmatic focus toward the establishment of a mental retardation diagnostic and treatment program specifically designed to offer services

to individuals with the most challenging needs and behaviors. The purpose of this program will be to plug the gaps in the system, and prevent the need for more restrictive alternatives. The mental retardation diagnostic and treatment center will be operated with State employees by the Department of Mental Health and will offer the following services:

* Short term crisis respite of up to two weeks for up to a maximum of six to ten persons.

* Crisis intervention and training services to individuals, families or providers in the community. A team of professionals will be available to go to an agency to consult with staff or parents on the management of behaviorally- or programmatically-challenging individuals.

* Assistance to providers in the development of services for the most difficult individuals in the State.

* Adaptive equipment fabrication and modification.

* Other forms of technical assistance, consultation and training.

Throughout this process the plan will build on the strengths in the current mental health/mental retardation systems. For example, the regionalization of the Vermont State Hospital has spawned the growth of a capacity in each community mental health center to respond to the need for crisis mental health services throughout the State. Rather than seeking to develop an independent system to deal with persons in crisis who have mental retardation, the thrust will be to enhance existing services to meet this need.

Within the Division of Mental Retardation staff resources will be shifted from the Brandon Training School to monitor community services, provide necessary technical support, quality assurance, protective supervision of clients and fiscal review.

Year I - Preparation:

1. Develop a detailed plan for the phase down of the Training School focusing on the needs of residents at the school, needs of the employees, and needs of the community mental retardation system.

2. Establishment of orderly procedures to accomplish the transition.

3. Establish necessary administrative structures for funding and oversight of community programs to accomplish the transition.

Year II - Implementation:

1. Department of Mental Health:

   Within the Division of Mental Retardation, develop necessary staffing resources including:

   * Chief of Policy Planning and Program Development
   * Project Manager
   * Placement Specialist (2)
   * Administrative Assistant
   * Staff Development and Training Coordinator
   * Quality Assurance Nurse
   * Supported Employment Specialist

2. Community Services:

   Develop staff resources for transition through six (6) Community Placement Specialists.

3. Place 35 - 40 Brandon Training School residents in the Community.

4. Develop the capacity of the community service system to respond to crises, and provide appropriate services.

5. Develop 2 Emergency Respite Homes

6. Consolidate the use of buildings so that renovations for new uses can commence at an early date.

Year III - Implementation:

1. Department of Mental Health:

   Develop necessary resources, including:

   * Quality Assurance Nurse
   * Quality Assurance Specialist
   * Supported Employment Specialist
   * Protective Service Specialist (3)
   * Protective Service Supervisor
   * Self-Advocacy Coordinator (Client Ombudsman)
   * Fiscal Assistant for Medicaid Waiver Services

2. Community Services:

   Enhance community crisis intervention and support capability by building on existing services.

   * Community Case Managers (6)
   * Emergency/crisis worker for each MR Service Provider (14)

3. Place 50 Brandon Training School residents in the community.

4. Begin development of two (2) community mental retardation service providers.

Year IV - Implementation:

1. Department of Mental Health:

   Develop necessary resources, including:

   * Quality Assurance Specialist
   * Protective Service Specialists (4)
   * Policy Planner
   * Secretary B

   Develop State run diagnostic and treatment facility for 10 people.

2. Community Services:

   Continue development of support capabilities through:

   * Case Managers (6)
   * Emergency Respite Homes (2)
   * Respite care/Family support for 100 families
   * Development of two specialized group homes

3. Place 50 Brandon Training School residents in the community.

Year V - Implementation:

1. Department of Mental Health:

   Develop necessary resources, including:

   Quality Assurance Specialist
   Protective Service Specialist (2)

   Begin operation of State-run diagnostic & treatment facility.

2. Community Services:

   Continue development of support capabilities through:

   * Case Managers (6)
   * Respite Care/Family Support for 100 families

3. Place 30 Brandon Training School residents in the community.

To briefly summarize, the Department of Mental Health may have the unique opportunity to:

* Change a model of service provision that is generally inconsistent with both the desires of the people served, parents and the programmatic thinking of professionals in the field (Attachment A).

* Change a two track model of service delivery that forces a disproportionate share of scarce funding to the support of a small number of individuals in an unnecessarily costly and restrictive setting (Figure 1).

* Avoid being held captive to ever-increasing, and costly federal regulation and oversight (Figure 2).

* Avoid having to make substantial modifications in the physical plant at the Training School in order to come into compliance with federal handicap discrimination rules, if a move is not made (Attachment B).

* Be able to place the residents of the Brandon Training School in community programs in compliance with court orders.

* Complete the community based service model for persons with mental retardation which the Department of Mental Health began in the early 80's.

The overall process should take account of the important role the Brandon Training School has played in the lives of many people not now directly associated with it, such as retirees, legislators, and others who have supported the facility over the years. There should be opportunities for recognizing the historic contributions of these people while affirming the present day need for change.

Transferring all residents to community placements in a four year period is possible, but it will require a tremendous rallying of resources and energy. We think this effort will be healthy, that it will revitalize and unify the State's mental retardation system. However, the process will be damaging and divisive if done with insufficient resources. The community mental retardation system has no excess capacity at this time. The planning must be premised upon agreement that people with mental retardation who are now living in the community will not lose any resources or support as a result of the Brandon placement effort.

BRANDON TRAINING SCHOOL PHASE DOWN

FISCAL PROJECTIONS - YEAR TWO

	DESCRIPTION	STATE	FEDERAL - MEDICAID	TOTAL
Department of Mental Health				
(1)	Project management, planning, placement development, staff training, quality assurance	$ 96,571	$ 24,143	$ 120,714
(1)	Operating	36,214	0	36,214
	Subtotal	$ 132,785	$ 24,143	$ 156,928
Community Services				
(2)	Outpatient/Case Mgmt.	$ 46,114	$ 78,686	$ 124,800
(3)	Residential	243,950	363,875	607,825
(3)	Day Programs/Other Svcs.	167,432	249,743	417,175
	Emergency Services	0	0	0
(4)	Respite Care/Family Support	18,851	0	18,851
	Subtotal	$ 476,347	$ 692,304	$ 1,168,651
	TOTAL	$ 609,132	$ 716,447	$ 1,325,579
	Minus BTS Savings	(197,750)		
	New General Fund	$ 411,382		

NOTES:

All federal revenues are Medicaid and are calculated using a 62.17% matching ratio. All resources are presented in current FY 1990 dollars.

(1) Includes salaries, fringe benefits and operating expenses for the following Division of Mental Retardation staff positions for 50% of the year: 1 Project Manager; 1 Chief of Policy Planning and Program Development; 2 Placement Specialists; 1 Staff Training and Development Coordinator; 1 Supported Employment Specialist; 1 Quality Assurance Nurse; 1 Administrative Assistant. BTS positions will be utilized for the above.

(2) Includes salaries, fringe benefits, and operating expenses for 6 Community Placement Specialists for mental retardation service providers for 50% of the year.

(3) Includes funding for 35-40 placements out of the Brandon Training School at an average $53,947/person ($32,000 residential; $18,000 day/vocational program; $3,947 therapies and other services) for 50% of the year.

(4) Includes 2 contractual respite homes for 50% of the year.

BRANDON TRAINING SCHOOL PHASE DOWN

FISCAL PROJECTIONS - YEAR THREE

	DESCRIPTION	STATE	FEDERAL - MEDICAID	TOTAL
Department of Mental Health				
(1)	Quality assurance, day program/supported employment, development, public guardianship, self-advocacy	$ 290,470	$ 72,617	$ 363,087
(1)	Operating	108,926	0	108,926
	Subtotal	$ 399,396	$ 72,617	$ 472,013
Community Services				
(2)	Outpatient/Case Mgmt.	$ 132,193	$ 217,247	$ 349,440
(3)	Residential	762,653	1,253,347	2,016,000
(3)	Day Programs/Other Svcs.	523,066	859,609	1,382,675
(4)	Emergency Services	88,129	144,831	232,960
(5)	Respite Care/Family Support	30,000	0	30,000
(6)	Other	100,000	0	100,000
	Subtotal	$1,636,041	$2,475,034	$ 4,111,075
	TOTAL	$2,035,437	$2,547,651	$ 4,583,088
	Minus BTS Savings	(895,033)		
	New General Fund	$1,140,404		

NOTES:

All federal revenues are Medicaid and are calculated using a 62.17% matching ratio. All resources are presented in current FY 1990 dollars.

(1) Includes annualization of Year Two services/positions, plus salaries, fringe benefits, and operating expenses for the following Division of Mental Retardation staff for 50% of the year: 1 Quality Assurance Nurse; 1 Quality Assurance Specialist; 1 Supported Employment Specialist; 3 Protective Services Specialists; 1 Protective Services Supervisor; 1 Self-advocacy Coordinator (client ombudsman); 1 Fiscal Assistant. BTS positions will be utilized for the above.

(2) Includes annualization of Year Two services, plus salaries, fringe benefits, and operating expenses for 6 Case Managers for mental retardation service providers for 50% of the year.

(3) Includes annualization of Year Two services, plus 50 placements out of the Brandon Training School at an average $53,947/person.

BRANDON TRAINING SCHOOL PHASE DOWN

FISCAL PROJECTIONS - YEAR THREE

NOTES (continued):

(4) Includes 1 emergency/crisis worker to each of 14 mental retardation service providers, utilizing existing emergency programs, for 50% of the year.

(5) Includes annualization of Year Two Services.

(6) Includes start-up funds for two new mental retardation service providers.

BRANDON TRAINING SCHOOL PHASE DOWN

FISCAL PROJECTIONS - YEAR FOUR

	DESCRIPTION	STATE	FEDERAL - MEDICAID	TOTAL
Department of Mental Health				
(1)	Public guardianship, quality assurance, planning	$ 459,426	$ 114,857	$ 574,283
(1)	Operating	172,284	0	172,284
	Subtotal	$ 631,710	$ 114,857	$ 746,567
Community Services				
(2)	Outpatient/Case Mgmt.	$ 207,732	$ 341,388	$ 549,120
(3)	Residential	1,517,933	2,248,067	3,766,000
(3)	Day Programs/Other Svcs.	938,193	1,541,832	2,480,025
(4)	Emergency Services	176,258	289,662	465,920
(5)	Respite Care/Family Support	295,000	0	295,000
	Other	0	0	0
	Subtotal	$3,135,116	$4,420,949	$ 7,556,065
	TOTAL	$3,766,826	$4,535,806	$ 8,302,632
	Minus BTS Savings	(1,831,237)		
	New General Fund	$1,935,589		

NOTES:

All federal revenues are Medicaid and are calculated using a 62.17% matching ratio. All resources are presented in current FY 1990 dollars.

(1) Includes annualization of Year Three services/positions, continuation of Year Two services/positions, plus salaries, fringe benefits, and operating expenses for the following Division of Mental Retardation staff for 50% of the year: 1 Quality Assurance Specialist; 4 Protective Services Specialists; 1 Policy Planner; 1 Secretary. BTS positions will be utilized for the above.

(2) Includes annualization of Year Three services, continuation of Year Two services, plus salaries, fringe benefits and operating expenses for 6 Case Managers for community mental retardation service providers for 50% of the year.

BRANDON TRAINING SCHOOL PHASE DOWN

FISCAL PROJECTIONS - YEAR FOUR

NOTES: (continued):

(3) Includes annualization of Year Three services, continuation of Year Two services, plus 50 placements out of the Brandon Training School at an average $53,947/person and start-up funds for 2 specialized group homes and 1 State-run facility for 10 people (does not include capital construction cost).

(4) Includes annualization of services begun in Year Three.

(5) Includes continuation of Year Three services, 2 additional respite homes at $15,000/home for 50% of the year, and funds to support 100 families.

BRANDON TRAINING SCHOOL PHASE DOWN

FISCAL PROJECTIONS - YEAR FIVE

	DESCRIPTION	STATE	FEDERAL - MEDICAID	TOTAL
Department of Mental Health				
(1)	Quality assurance, public guardianship	$ 587,705	$ 146,926	$ 734,631
(1)	Operating	220,389	0	220,389
	Subtotal	$ 808,094	$ 146,926	$ 955,020
Community Services				
(2)	Outpatient/Case Mgmt.	$ 283,271	$ 465,529	$ 748,800
(3)	Residential	2,153,477	3,292,523	5,446,000
(3)	Day Programs/Other Svcs.	1,270,295	2,087,610	3,357,905
(4)	Emergency Services	176,258	289,662	465,920
(5)	Respite Care	560,000	0	560,000
	Other	0	0	0
	Subtotal	$4,443,301	$6,135,324	$10,578,625
	TOTAL	$5,251,395	$6,282,250	$11,533,645
	Minus BTS Savings	(2,753,755)		
	New General Fund	$2,497,640		

NOTES:

All federal revenues are Medicaid and are calculated using a 62.17% matching ratio. All resources are presented in current FY 1990 dollars.

(1) Includes annualization of Year Four positions/services, continuation of Years Two and Three services/positions, plus salaries, fringe benefits and operating expenses for the following Division of Mental Retardation staff for 50% of the year: 1 Quality Assurance Specialist; 2 Protective Services Specialists. BTS positions will be utilized for the above.

(2) Includes annualization of Year Four services, continuation of Years Two and Three services, plus salaries, fringe benefits, and operating expenses for 6 Case Managers for community mental retardation service providers for 50% of the year.

(3) Includes annualization of Year Four services, continuation of Years Two and Three services, plus 30 placements out of the Brandon Training School at an average $53,947/person and operating costs of a State-run facility for 10 people for 50% of the year.

(4) Includes continuation of services from Year Four.

(5) Includes annualization of Year Four services, continuation of Year Three services, and funds to support 100 new families.

BRANDON TRAINING SCHOOL PHASE DOWN

FISCAL PROJECTIONS - YEAR SIX

DESCRIPTION	STATE	FEDERAL - MEDICAID	TOTAL
Department of Mental Health			
Quality assurance, day program/supported employment, public guardianship, self-advocacy, staff training, planning	$ 644,354	$ 161,089	$ 805,443
Operating	241,632	0	241,632
Subtotal	$ 885,986	$ 161,089	$ 1,047,075
Community Services			
Outpatient/Case Mgmt.	$ 321,041	$ 527,599	$ 848,640
Residential	2,486,381	3,839,619	6,326,000
Day Programs/Other Svcs.	1,394,834	2,292,276	3,687,110
Emergency Services	176,258	289,662	465,920
Respite Care/Family Support	560,000	0	560,000
Other	0	0	0
Subtotal	$4,938,514	$6,949,156	$11,887,670
TOTAL	$5,824,500	$7,110,245	$12,934,745
Minus BTS Savings	(3,157,634)		
New General Fund	$2,666,866		

NOTES:

All federal revenues are Medicaid and are calculated using a 62.17% matching ratio. All resources are presented in current FY 1990 dollars.

Includes annualization of all services and positions from previous years.

rev. 02/06/90

BRANDON TRAINING SCHOOL PHASE DOWN EXPENDITURES*

YEAR 1 - YEAR 6

DESCRIPTION	STATE	FEDERAL	TOTAL
Year 1 - Base	$3,157,634	$9,593,304	$12,750,938
Year 2 - Phase Down	2,959,884	8,993,675	11,953,559
Year 3 - Phase Down	2,262,601	6,879,334	9,141,935
Year 4 - Phase Down	1,326,397	4,040,518	5,366,915
Year 5 - Phase Down	403,879	1,243,209	1,647,088
Year 6 - Closure	0	0	0

NOTE:

* In current fiscal year 1990 dollars.

SUMMARY OF BRANDON TRAINING SCHOOL PHASE DOWN

CONVERSION COST*

Year	Year End Census Shift BTS	Community	State General Fund Conversion Cost BTS (millions)	Community	Federal Fund Conversion Cost BTS (millions)	Community	Total Conversion Cost BTS (millions)	Community
1	181	—	3.2	—	9.6	—	12.8	—
2	141	40	3.0	.6	9.0	.7	12.0	1.3
3	91	50	2.2	2.0	6.9	2.5	9.1	4.5
4	41	50	1.3	3.8	4.0	4.5	5.3	8.3
5	11	30	.4	5.2	1.2	6.3	1.6	11.5
6	—	11	0	5.8	0	7.1	0	12.9
			Minus BTS Savings	3.2				
			New General Fund	2.6				

* In current fiscal year 1990 dollars.

SUMMARY OF UNIFIED MENTAL RETARDATION SYSTEM*
(millions)

Year	BTS	Community Conversion	PASARR**	Current Community System***	Total
1	12.8	0	.1	20.9	33.8
2	12.0	1.4	.6	21.6	35.6
3	9.1	4.5	1.5	22.7	37.8
4	5.3	8.3	2.4	23.3	39.3
5	1.6	11.5	3.3	24.0	40.4
6	0	12.9	4.2	24.7	41.8

NOTES:

* In current fiscal year 1990 dollars.

** Federally mandated placement of current nursing home residents (20/year beginning in 1991).

*** Includes 10 placements/year of former SRS clients, 20 new community waiver placements/year, 5 Act 248 placements/year, and 30 supported employment placements/year of former Special Education students.

VERMONT'S EXPERIENCE WITH DEINSTITUTIONALIZATION

People often wonder what happen to individuals after they leave a state institution.

In Vermont this question is easily answered because we have an accountable and responsible community services system.

Since July 1, 1982, 96 individuals have moved out of Brandon Training School. Of these, 87 are living successfully in community settings. Their homes are as varied as the individuals involved, but each home has offered new opportunities and new supports for the individual to make choices and participate in community life. Of the remaining nine, two returned to Brandon and seven are deceased.

All of these individuals are accounted for. All remain within Vermont. All but one of the 87 is in a placement supported and monitored regularly by the Division of Mental Retardation.[1] Seventy-six also receive monthly visits and oversight from a Protective Services specialist.

These 87 individuals live in a variety of small, individualized placements. The homes and apartments are all staffed or supervised by one of Vermont's 13 mental retardation agencies. The types of homes are shown in Table 1.

TABLE 1

Family:	35
Supervised Apartment:	2
Staffed Apartment (1 -3 residents):	16
Group Home (4 - 6 residents):	34
Nursing Home:	1

"Family" refers to a home which provides the individual with the security, social network, and sense of belonging which a family offers together with supervision and targeted training. In different localities these homes are termed "professional parent homes" or "developmental training homes." Division policy limits these homes to serving one or two handicapped individuals; most homes serve just one individual.

---

[1] The one remaining person is in a nursing home at the request of her guardian.

"Staffed apartment" refers to a house or apartment with one to three residents and full-time staff supervision. "Supervised apartment" means a setting where the individual lives alone or with a roommate and receives assistance and support as needed.

A "group home" is a house located in a residential neighborhood with four to six residents and full time staffing; some group homes are Medicaid-funded ICF/MRs (Intermediate Care Facilities for people with Mental Retardation), and some are licensed as TCR's (Therapeutic Community Residences).

The 87 individuals live throughout Vermont. Table 2 shows their current county of residence.

TABLE 2

Caledonia	4
Addison	8
Bennington	3
Chittenden	8
Franklin	3
Lamoille	4
Orleans	5
Orange	14
Rutland	10
Washington	16
Windham	3
Windsor	9

During the day nearly all these individuals leave their home for work or training.

Over the last decade social attitudes toward people with mental retardation have changed dramatically. We now think of individuals with mental retardation as people who can made a contribution to their community through paid or volunteer work. In the past, we developed segregated "centers" where people with handicaps were trained or supervised. Now we emphasize programs without walls, which train and support severely handicapped people in competitive employment, and which teach them to get around their town or neighborhood.

Our community training programs are evolving, and the list of daytime activities of individuals who have left Brandon in the past 7 1/2 years reflects a system in transition.

TABLE 3

Competitive employment:	15
Work crew:	16
Individual contract for work:	2
Sheltered workshop or other center-based work:	15
Center-based training (10-30 hours):	18
Community integration training:	30
Volunteer work (more than 5 hr/wk):	4
Farm work:	2
Retirement program:	3
Public school:	4
Adult basic education:	1
None:	2

This list of daytime activities tells only part of the story.

After work, on weekends, and on holidays, people bowl, shop, attend movies and plays, swim, play baseball, take walks, hang out, bake, sew, care for pets, eat out, visit friends. These individuals, who once lived within the confines of an institution, are now busy members of Vermont communities.

/rmd

PARENTAL ATTITUDES TOWARD DEINSTITUTIONALIZATION OF PERSONS WITH MENTAL RETARDATION

A nationally respected research institute recently reviewed all major studies of parental attitudes toward community placement. The results of the studies were quite consistent and showed the following:

* Before placement, 91% of parents say they are satisfied with the institution.

* Before placement, 74.6% of the parents of people in institutions say they oppose community placement for their child.

* Following the move, 87.6% of parents (range of 84-96%) say they are satisfied with the community setting. An additional 6% are neutral.

* In retrospect, after their child has moved to a community setting, only 52.3% of parents say they had been satisfied with the child's institutional placement.

The authors of the study concluded:

> "The summary of quantitative data on parent attitudes about residential placement shows clearly that for the vast majority of families, prior general satisfaction with institutional care and reservations about community care in time turns into overwhelming satisfaction with community settings."
>
> "There is substantial evidence that for persons with all levels of mental retardation, moving from an institution to a small community setting is associated with a number of positive outcomes, such as improved adaptive behavior and increased social participation."

Source: S.A. Larson and K.C. Lakin, "Parental Attitudes about Their Daughter's or Son's Residential Placement Before and After Deinstitutionalization," a study by the Research and Training Center on Community Living at the University of Minnesota, 110 Pattee Hall, 150 Pillsbury Dr. SE, Minneapolis, MN 55455.

BRANDON TRAINING SCHOOL RESIDENTS
Compared to
Community Mental Retardation Clients

	Brandon Training School		Community Mental Retardation	
	#	%	#	%
Age				
Lt 20	2	1%	133	12%
20-34	71	39%	501	45%
35-49	64	35%	256	23%
50+	44	24%	223	20%
TOTAL	181	100%	1,113	100%
Sex				
Male	96	53%	590	53%
Female	85	47%	524	47%
TOTAL	181	100%	1,114	100%
Severity				
Mild	6	3%	473	48%
Moderate	22	12%	303	31%
Severe	57	31%	143	14%
Profound	96	53%	68	7%
TOTAL	181	100%	987	100%

Severity ratings are based on current DSM-III-R diagnoses.

Data on clients served by community programs is based on Quarterly Service Reports submitted to Department of Mental Health by Vermont's community mental retardation service providers. These data describe clients served during FY1989 by community mental retardation programs.

12/11/89

ATTACHMENT A

List of articles or studies showing that persons with developmental disabilities experience gains in growth and skills and/or reduction in problem behaviors in small community settings -- particularly in comparison with persons remaining in institutions.

"A Matched Comparison Of The Developmental Growth Of Institutionalized And Deinstitutionalized Mentally Retarded Clients", by James Conroy, Joelle Efthimiou, James Lemanowicz, Temple University, 1982. Seventy persons with mental retardation previously residing in a large state institution were matched with 70 persons who remained at the same institution. Developmental growth was measured for all persons. Only the deinstitutionalized persons displayed significant growth, increasing in adaptive behavior and showing no significant change in maladaptive behavior.

"Adaptive Behavior Changes Of Group Home Residents", by David Aanes, Fergus Falls State Hospital and Marilyn Moen, Lakeland Mental Health Center, Fergus Falls, 1984. 46 residents of group homes were rated on the Adaptive Behavior Scale.

"An Activity-Based Analysis of Deinstitutionalization: The Effects Of Community Re-entry On The Lives Of Residents Leaving Oregon's Fairview Training Center", by Robert H. Horner, Susan K. Stoner, Dianne L. Ferguson, University of Oregon, 1988. This study found that 327 people, mostly adults with developmental disabilities who were returned to the community from Fairview Training Center over a three-year period, became active members of the community, living richer lives, experiencing more diversity, community and social contact and growth in skills than their matched peers in the institution.

"An Alternative To The Institution For Young People With Severely Handicapping Conditions In A Rural Community", by George H. S. Singer, Daniel W. Close, Larry K. Irvin, Russell Gersten, Wayne Sailor, University of Oregon, 1984. Describes a rural deinstitutionalization project for young people who experience multiple handicaps and exhibit maladaptive behavior. The problems associated with rural service delivery and residential services for young people with problem behaviors are discussed. Measures of adaptive behavior change, maladaptive behavior, daily activities, and consumer satisfaction indicate that young people can be successfully deinstitutionalized regardless of their skill level, their behavior problems, or the geographic nature of their receiving region.

"Assessment Of Progress Of Institutionalized And Deinstitutionalized Retarded Adults: A Matched-Control Comparison", by Stephen R. Schroeder and Carol Hines, University of North Carolina, 1978. The Progress Assessment Chart was given to group home residents recently placed from a regional mental retardation facility and their matched control counterparts who remained at the institution. Group home placements showed more gains in their post-test scores, particularly in communication.

"Changes In Levels Of Mental Retardation: A Comparison Of Institutional And Community Populations", by Kenneth D. Keith, Lincoln, Nebraska Center for Families and Children; L. Rene Ferdinand, Nebraska Region 5 Mental Retardation Services, 1984. Compares changes in the level of mental retardation among persons served in a community-based service system and institutionalized persons from the same geographic region. Discusses impact of community interaction and stimulation and suggests implications for service providers.

"Community Living For Severely And Profoundly Retarded Adults: A Group Home Study", by Daniel W. Close, University of Oregon, 1977. Individuals with severe handicaps can benefit from life in community residential settings.

"Community Residential Adjustment: The Relationship Among Environment, Performance, And Satisfaction", by Gary Seltzer, Brown University, 1981. A group of 153 persons released from a state school for persons with mental retardation was studied with regard to outcome measures of community residential adjustment in the areas of adaptive behavior and their satisfaction with their residential environments.

"Community Residential Facilities For The Mentally Ill And Mentally Retarded: Environmental Quality And Adaptive Functioning", by John Hull, Ministry of Community and Social Services of Toronto; Joy Thompson, Manitoba Department of Education; James G. Keats, Revelstoke, B.C. Ministry of Human Resources, 1984. The environmental quality of the entire Manitoba population of community residences, boarding homes and independent living units was examined and the adaptive functioning of residents was determined. Findings indicated the need for more promotion of socially integrative activities for residents such as recreation, community awareness and citization of community resources. Strong, positive correlations were found between environmental normalization and the adaptive functioning level of residents.

"Comparative Studies Of Institutional And Community Care For Mentally Retarded/Developmentally Disabled People", by Colleen Wieck, Ph.D., Director, Developmental Disabilities Program, Minnesota Department of Energy, Planning & Economic Development, 1983. Summarizes the results of research on institutional and community care for persons with mental retardation/developmental disabilities.

"Connecticut Applied Research Project - Results Of The Longitudinal Study of CARC v. Thorne Class Members", 1988. Data collected for 1,298 class members to provide scientific information about the well-being of the people affected by the consent decree in CARC vs. Thorne, with particular attention to people who moved out of large, congregate care settings into small, community-based programs.

"Differences In Adaptive Behavior Of Institutionalized And Deinstitutionalized Mentally Retarded Adults", by D.B. Rosen, Ann Arbor, Michigan, 1985. Two-year longitutidnal study of randomly selected experimental and control groups. Experimental group received community-based residental and vocational services from an existing human services agency. Control group continued to receive residential and habilitation services in the state institution. Statistically significant differences were found to favor the experimental group in overall adaptive behavior.

"Effects Of Deinstitutionalization On Adaptive Behavior Of Mentally Retarded Adults", by Joel Kleinberg and Betsy Galligan, Developmental Disabilities Service Office, New York, 1983. Twenty clients with mental retardation were moved from a large developmental center to three small community residences. Consistent improvement was found in language development, domestic activity, responsibility, and social interaction.

"Evaluation Of Adaptive Behavior: Institutional vs. Community Placement And Treatment For The Mentally Retarded", by Michael D'Amico, Marta Hannah, John Milhouse, Arlene Frolich, Boston University, 1978. Gains in adaptive behavior were compared betweeen institutional and community-based programs and placements.

"Families And Empowerment: A New Dynamic In Deinstitutionalization", by John Lord, Waterloo Centre for Research & Education in Human Services, 1987. Identification of a process whereby parents and associations found important roles for themselves during closure of a large institution.

"Follow-Up Of Severely And Profoundly Mentally Retarded Children After Short-Term Institutionalization", by Norman R. Ellis, University of Alabama; George E. Bostick, Columbia State School; Sheila A. Moore, Pinecrest State School; Janine J. Taylor, Western Reserve University, 1981. A follow-up study after a period of institutionalization.

"Impact Of Deinstitutionalization On Activities and Skills Of Severely/Profoundly Mentally Retarded Multiply-Handicapped Adults", by John O'Neill, University of New York; Margaret Brown and Wayne Gordon, New York University Medical Center; Robert Schonhorn, United Cerebral Palsy Associations of New York State, 1985. Evaluation of the change in activity patterns and skills of residents with severe/profound mental retardation and multiple handicaps as they moved from large total care institutions to community living.

"Living In The Community: An Analysis Of Oregon's Deinstitutionalization Efforts", 1988 Executive Summary to the Developmental Disabilities Program, Office of the Oregon Mental Health Division, prepared by The Specialized Training Program of the Center on Human Development at the University of Oregon, 1988. Presents the answers to the questions: Who are the people who left Fariview Training Center, and where did they go? What type of lifestyle was being experienced by those persons who moved back to the community, and how did their family members perceive the move from Fairview Training Center? How did the lifestyles of people who returned to the community compare with similar persons still living at Fairview Training Center?

"Predicting Adaptive Functioning Of Mentally Retarded Persons In Community Settings", by John T. Hull, Ministry of Community and Social Services of Toronto and Joy Thompson, Winnipeg Department of Education, 1980. The impact of a variety of individual, residential and community variables on adaptive functioning of persons with mental retardation was examined. The data suggest that environmental normalization may be an effective technology for the promotion of independent functioning of persons with mental retadation as well as an ideology.

"Relationship Between Community Environments And Resident Changes In Adaptive Behavior: A Path Model", by Richard Eyman, Gail Carter Demaine, Tzuen-Jen Lei, UCLA School of Medicine, 1979. The relationship between environmental ratings of community homes.

"Skills Acquisition Among Matched Samples Of Institutionalized And Community-Based Persons With Mental Retardation", by Elizabeth Eastwood, New York and Gene Fisher, University of Massachusetts, 1988. Clients who had been moved from an institution to community settings were compared with matched clients who remained in the institution. Results demonstrated that community clients surpassed institutional clients in social and cognitive skills.

"Structured Normalization: Intellectual And Adaptive Behavior Changes In A Residential Setting", by Travis Thompson and Ann Carey, University of Minnesota, 1980. Effects of normalized living on eight women with severe to profound mental retardation residing in a structured community group home setting were studied over a two-year period. Marked improvements were shown in a variety of adaptive skills and intellectual assessments indicated IQ increases.

"Survey Of Family Satisfaction With Regional Treatment Centers And Community Services To Persons With Mental Retardation In Minnesota", Office of the Court Monitor, Welsch vs. Gardebring Class Members, 1988. Results of a survey of Minnesota families of formerly institutionalized individuals conducted by the Office of the Monitor.

From "The Willowbrook Wars: A Decade Of Struggle For Social Justice", by Rothman, David J., Rothman, Sheila M. Rothman, New York: Harper & Row, 1984. The biography of a consent decree. The experience of the Willowbrook class not only demonstrates the feasibility of placing even the most handicapped person in the community, but also illustrates some of the models that might be followed.

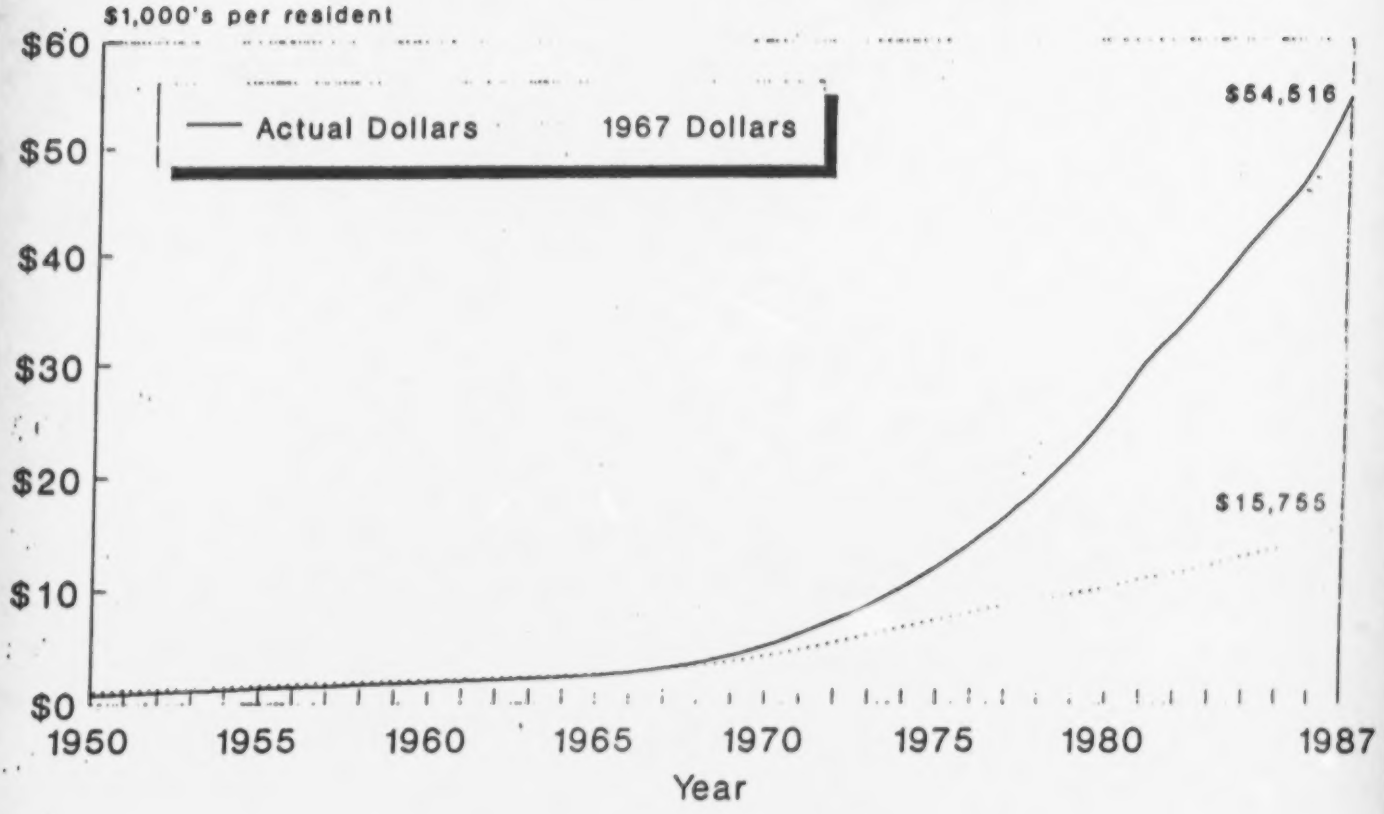
A copy of any of the above-listed publications may be obtained by contacting:

Association for Retarded Citizens Minnesota
3225 Lyndale Avenue South
Minneapolis, Minnesota 55408
Telephone: (612) 827-5641; Toll Free: 1 (800) 582-5256

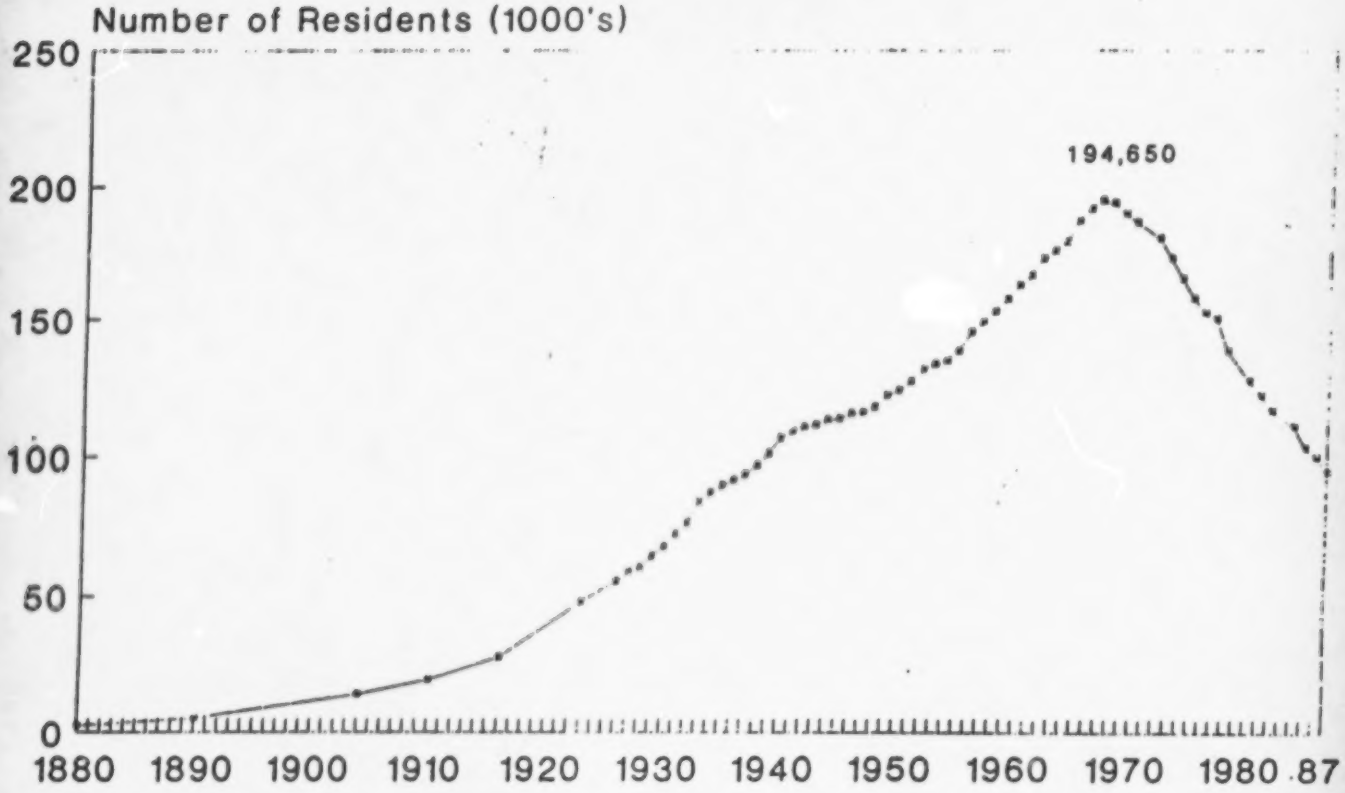
1/89

ATTACHMENT B

Annual Cost of State Institutions for People with Mental Retardation



Total Average Daily Population of State Institutions for People with MR



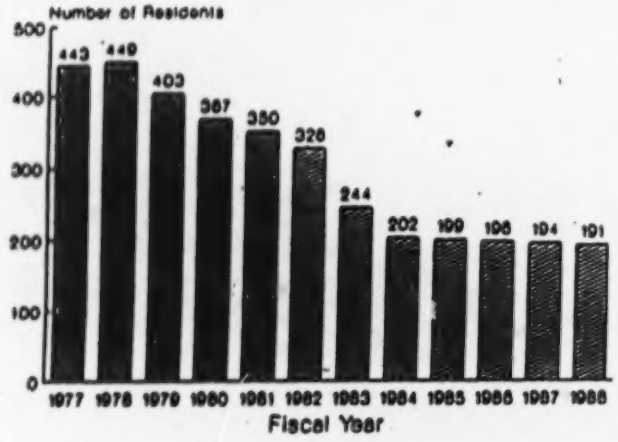
VERMONT

Financial Support for MR/DD Services: FY 1977-88

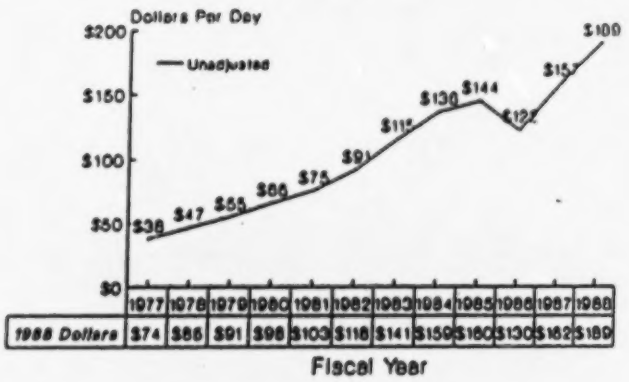
VERMONT 1/26/89	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988
TOTAL FUNDS	$7,227,000	$9,200,400	$10,208,600	$11,881,900	$14,158,800	$16,848,000	$17,111,200	$22,182,132	$24,108,900	$23,071,378	$26,606,100	$30,030,440
CONGREGATE 16+ BEDS	$6,127,000	$7,660,500	$8,090,100	$8,802,700	$9,615,900	$10,841,100	$10,215,200	$10,023,900	$10,436,100	$8,704,000	$11,128,200	$13,195,000
INSTITUTIONAL SERVICES FUNDS	6,127,000	7,660,500	8,090,100	8,802,700	9,615,900	10,841,100	10,215,200	10,023,900	10,436,100	8,704,000	11,128,200	13,195,000
STATE FUNDS	3,803,000	3,753,900	2,992,500	2,083,700	2,097,300	2,729,100	2,713,600	3,409,100	3,307,200	2,816,600	3,640,100	4,417,700
General Funds	3,803,000	3,753,900	2,992,500	2,083,700	2,097,300	2,729,100	2,713,600	3,409,100	3,307,200	2,816,600	3,640,100	4,417,700
Other State Funds	0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL FUNDS	2,324,000	3,906,600	5,097,600	6,717,000	7,518,600	8,112,000	7,501,600	6,614,800	7,128,900	5,887,400	7,488,200	8,777,300
Federal ICF/MR	2,043,000	3,906,600	5,097,600	6,545,000	7,322,600	7,910,000	7,501,600	6,614,800	7,128,900	5,887,400	7,488,200	8,777,300
Title XX / SSBG Funds	0	0	0	0	0	0	0	0	0	0	0	0
Other Federal Funds	281,000	0	0	172,000	196,000	202,000	0	0	0	0	0	0
LARGE PRIVATE RESIDENTIAL	0	0	0	0	0	0	0	0	0	0	0	0
STATE FUNDS	0	0	0	0	0	0	0	0	0	0	0	0
General Funds	0	0	0	0	0	0	0	0	0	0	0	0
Other State Funds	0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0	0	0	0	0	0	0
Large Private ICF/MR	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNITY SERVICES FUNDS	1,100,000	1,539,900	2,178,500	2,859,200	4,543,000	6,006,900	6,896,000	12,159,232	13,670,800	14,367,378	15,477,900	16,835,440
STATE FUNDS	600,000	1,136,000	1,393,300	1,964,400	2,903,100	3,919,800	4,286,700	7,269,800	7,532,000	7,534,800	8,036,300	9,016,000
General Funds	174,000	638,000	1,026,300	1,362,400	2,254,100	3,237,800	3,452,700	6,416,800	6,610,000	6,497,800	6,906,300	7,725,000
Other State Funds	0	0	0	0	0	0	0	0	0	0	0	0
SSI State Supplement	426,000	498,000	367,000	602,000	649,000	682,000	834,000	872,000	922,000	1,037,000	1,130,000	1,291,000
FEDERAL FUNDS	500,000	383,900	785,200	894,800	1,640,900	2,085,100	2,609,300	4,889,432	6,138,800	6,832,578	7,439,500	7,819,440
ICF/MR Funds	0	115,900	317,000	649,800	1,235,900	1,691,100	1,876,100	1,933,800	1,733,600	1,631,300	1,526,500	1,758,500
Small Public	0	0	0	0	0	0	0	0	0	0	0	0
Small Private	0	115,900	317,000	649,800	1,235,900	1,691,100	1,876,100	1,933,800	1,733,600	1,631,300	1,526,500	1,758,500
HCBS Waiver	0	0	0	0	0	0	334,000	2,300,000	3,613,600	3,962,800	3,236,900	3,328,100
Model 50/200 Waiver	0	0	0	0	0	0	0	0	0	0	0	0
Other Title XIX Programs	0	0	0	0	0	0	0	0	0	1,801,400	1,531,300	1,356,300
Title XX / SSBG Funds	300,000	268,000	268,000	245,000	405,000	394,000	365,000	330,000	330,000	330,000	330,000	330,000
Other Federal Funds	0	0	0	0	0	0	0	0	0	0	0	29,500
Waiver Clients' SSI/ADC	0	0	0	0	0	0	34,200	256,632	417,600	347,078	774,900	707,040

VERMONT Institutional Services Data

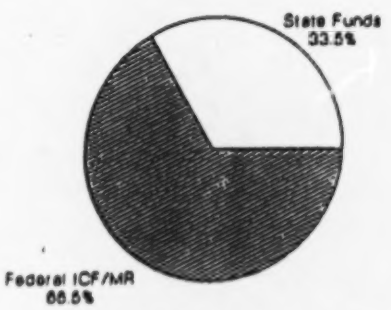
Average Daily Residents



Institutional Daily Costs Per Resident

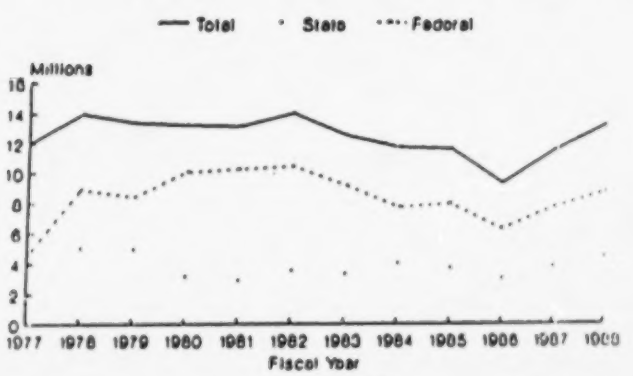


Revenue Detail (Unadjusted)



FY 1988 Total Spending:
$13.2 Million

Adjusted Spending By Level of Government



Source:
University of Illinois at Chicago UAP, 1989

DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED
Department of Mental Health
Commissioner's Office

Office for
Civil Rights

Region 1
Room 2403
John F. Kennedy Federal Bldg.
Government Center
Boston, MA 02203

AUG 31 1988

August 29, 1988

CERTIFIED
MAIL

William Dalton, Commissioner
Vermont Department of Mental Health
103 South Main Street
Waterbury, Vermont 05676

Re: Complant No. 01-87-3056

Dear Mr. Dalton:

In a letter dated July 29, 1988, the Office for Civil Rights notified you of an onsite investigation commencing August 9, 1988 at the Brandon Training School.

We were unable to confirm the onsite date. On August 9, 1988, we received a letter from your designee requesting another onsite date and advising us that OCR would be contacted regarding an alternate date. To date, we have received no calls or letters from Mr. Winn or your office.

45 C.F.R. §80.6(c) made applicable by 45 C.F.R. §84.61 reads, in pertinent part, as follows:

> Access to sources of information. Each recipient shall permit access by the reposible Department official or his designee during normal business hours to such of its books, records, accounts, and other sources of information, and its facilities as may be pertinent to ascertain compliance with this part.

As a recipient of Federal financial assistance from the U.S. Department of Health and Human Services, your facility has acknowledged this right of access by filing an Assurance of Compliance. If you refuse to comply, OCR may resort to a formal procedure for effecting compliance. 45 C.F.R. §80.8(a) provides:

> General. If there appears to be a failure or a threatened failure to comply with this regulation and if noncompliance or threatened noncompliance cannot be corrected by informal means, compliance with this part may be effected by the suspension or termination of or refusal to grant or to continue Federal financial assistance or by law. Such other means may include, but are not limited to,

(1) a reference to the Department of Justice with a recommendation that appropriate proceedings be brought to enforce any rights of the United States under any law of the United States (including other titles of the Act), or any assurance or other contractual undertaking and (2) any applicable proceedings under State and local law.

Please have a member of your staff contact Mr. George Donabed at (617) 565-1340 to schedule an on-site visit.

Sincerely yours,

Linda Yuu Connor
Branch Chief
Voluntary Compliance
and Outreach Branch
Office for Civil Rights
Region I

2 enclosures: OCR letter to DMH dated July 29, 1988
DMH letter to OCR dated August 4, 1988

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office for
Civil Rights

Region 1
Room 2403
John F. Kennedy Federal Bldg.
Government Center
Boston, MA 02203
(617) 565-1340

July 29, 1988

William Dalton, Commissioner
Vermont Department of Mental Health
103 South Main Street
Waterbury, Vermont 05676

Re: Complaint No. 01-87-3055

Dear Mr. Dalton:

On September 1, 1987 the Office for Civil Rights (OCR) notified you that we had received a complaint against the Brandon Training School, a facility of the Vermont Department of Mental Health. The complainant alleged that wheelchair bound residents of the School are being denied access to training programs that are readily accessible to ambulatory residents. In addition, the complaint alleges that the School has architectural barriers that do not meet accessibility standards.

We have reviewed and analyzed the material submitted by the School and have determined that an onsite visit is necessary to complete our investigation in this matter. During the onsite visit we would like to interview at least one instructor for each of the programs offered at the School and the supervisor for each of these programs. Each interview will last approximately 45 minutes. Please be advised that during the visit the investigator may need to tour some of the buildings on the School grounds.

Mr. George Donabed, the investigator for this case, will conduct the above interviews on August 9, 10, and 11 at the School unless this time is not convenient. Ms. Dena Monahan, Assistant Attorney General, had been Mr. Donabed's contact, but it is our understanding that she is now on a leave of absence. Please assign a designee to work with Mr. Donabed on his upcoming visit. We would appreciate it if the designee would contact Mr. Donabed prior to August 5, 1988 to confirm the onsite and to provide him with an interview schedule.

Sincerely yours,

LyConnor

Linda Yuu Connor
Branch Chief
Voluntary Compliance and
Outreach Branch
Office for Civil Rights
Region I

State of Vermont

AGENCY OF HUMAN SERVICES

Commissioner's Office	241-2610
Administrative Services	241-2214
Research and Statistics	241-2539
Legal Division	241-2602
Mental Health Division	241-2604
Vermont State Hospital	241-3100
Mental Retardation Division	241-2614
Brandon Training School	247-5711

DEPARTMENT OF MENTAL HEALTH
103 South Main Street
Waterbury, Vermont 05676

August 4, 1988

Linda Yuu Connor, Branch Chief
Voluntary Compliance and Outreach Branch
Office for Civil Rights, Region I
Room 2403
John F. Kennedy Federal Building
Government Center
Boston, MA 02203

RECEIVED
AUG 9 1988
OFFICE FOR CIVIL RIGHTS

SUBJECT: Complaint No. 01-87-3033

Dear Ms. Connor:

This is in response to your recent letter to Bill Dalton regarding a complaint against the Brandon Training School. Please be advised that in the absence of Ms. Dena Monahan, we have assigned Mr. Joe Winn, Assistant Attorney General, to be your contact person on this case. Unfortunately, due to prior commitments, the week of August 9 through August 15 is not convenient for us and we would appreciate it if the interviews could be scheduled at another time. Mr. Winn will be in contact with Mr, Donabed to discuss this with him and arrange an alternate date.

If a change in dates is not possible, or if you have any questions. please do not hesitate to contact me.

Sincerely,

Charles R. Moseley, Director
Division of Mental Retardation

/wr

cc: William Dalton
Joe Winn
Ed Fish